

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES



00325733

e in duplicate for Patented and Federal lands.
e in triplicate for State lands.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION & SERIAL NO.
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
West Fork Unit
8. FARM OR LEASE NAME
West Fork Unit
WELL NO. 1
10. FIELD AND POOL, OR WILDCAT
West Fork
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19-T3S-R55W
12. COUNTY
Washington
13. STATE
Colorado

1. OIL WELL GAS WELL OTHER Water Injection
2. NAME OF OPERATOR
Berry Energy, Inc.
3. ADDRESS OF OPERATOR
1019 8th Street, Suite 301, Golden, CO 80401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface NW/4 NW/4 Sec. 19-T3S-R55W
At proposed prod. zone

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4757 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL (Other) <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Temporarily Abandoned</u> <input checked="" type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)
18. Date of work _____

* Must be accompanied by a cement verification report.

This well is temporarily abandoned.

FOR OFFICE USE ONLY
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STATUS REPORT REQUIRED EVERY 6 MONTHS ON SHUT-IN & TEMPORARILY ABANDONED WELLS.

19. I hereby certify that the foregoing is true and correct

SIGNED Marietta Barnhart TITLE Controller DATE 4/21/87

(This space for Federal or State office use)

APPROVED BY Ed DiMatteo TITLE SR. PETROLEUM ENGINEER DATE MAY 12 87
O & G Cons. Comm

CONDITIONS OF APPROVAL, IF ANY:

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